P. O. 14

Form Approved. Budget Bureau No. 42-R1424

UNITED STATES HOBBE, AL

DEPARTMENT OF THE INTERIOR GEOLOGICAL SURVEY

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7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME B.V. Lynch A Fed.

9. WELL NO.

8

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use Form 9–331–C for such proposals.)

- gas well well otherSalt Water Disposal
- 2. NAME OF OPERATOR
- Texaco Inc. 3. ADDRESS OF OPERATOR

P.O. Box 728, Hobbs, New Mexico 88240

4. LOCATION OF WELL (REPORT LOCATION CLEARLY, See space 17 1651' FSL & 660' FEL AT SURFACE: (Unit Letter 'I') AT TOP PROD. INTERVAL: AT TOTAL DEPTH:

10. FIELD OR WILDCAT NAME Lynch

11. SEC., T., R., M., OR BLK. AND SURVEY OR

Sec. 34, T-20-S, R-34-E 12. COUNTY OR PARISH 13. STATE

New Mexico Lea

14. API NO.

16. CHECK APPROPRIATE BOX TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

15. ELEVATIONS (SHOW DF, KDB, AND WD) 3760' (DF)

(NOTE: Report results of multiple completion or zone

change on Form 9-330.)

REQUEST FOR APPROVAL TO: TEST WATER SHUT-OFF FRACTURE TREAT SHOOT OR ACIDIZE REPAIR WELL PULL OR ALTER CASING MULTIPLE COMPLETE CHANGE ZONES ABANDON* Set CIBP above Perfs. (other) OF:

SUBSEQUENT REPORT OF:

- & Temporarily Abandon. 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*
- Install BOP. Pull pkr. & tubing. 1. Rigged up.
- Set CIBP @ 3500' & spot 40' Cement on plug. Tested csg. w/600# 2. for 30 Minutes, 1:30-2:00 PM, 4-15-82. Tested OK.
- Load casing w/inhibited water. 3.
- Well Temporarily Abandoned, 4-15-82. 4.

and the Manager of Tara	Set @Ft.
Subsurface Safety Valve: Manu. and Type	Set.@Ft.
18. I hereby certify that the foregoing is true and co	orrect
SIGNED TITL	E Asst. Dist. MgrDATE 4-16-82
APPROVED (This spa	ce for Federal or State office use)
(Orig. Sgd.) PETER W. CHESTER	TLE DATE
CONDITIONS OF APPROVAL, IF ANY:	APPROVED FOR MONTH PERIOD ENDING APR 15 1983
APR 2 3 1982	FMB100 APR 15 1983
1 10k	Library M
JAMES A. GILLHAM DISTRICT SUPERVISOR *See	Instructions on Reverse Side